

PRIOR TO BEING CONSIDERED FOR EMPLOYMENT

THE BERKELEY COUNTY SHERIFF'S OFFICE

REQUIRES:

EACH APPLICANT PACKAGE TO INCLUDE THE FOLLOWING:

1. CURRENT APPLICATION (POSITION APPLYING FOR)
2. SIGNED AUTHORIZATION FOR RELEASE OF MILITARY INFORMATION
3. SIGNED AUTHORIZATION FOR RELEASE OF INFORMATION & CONSENT TO REVIEW
4. SIGNED B.C. SHERIFF'S OFFICE DISCLAIMER NOTICE
5. A CERTIFIED S.C. DRIVING HISTORY (10 years) DATED WITHIN 12 WEEKS PRIOR TO APPLICATION DATE - FROM S.C. DEPT. OF PUBLIC SAFETY.

COPIES OF EACH

6. DRIVERS LICENSE W/PHOTO
7. SOCIAL SECURITY CARD
8. BIRTH CERTIFICATE
9. HIGH SCHOOL DIPLOMA/GED
10. DD214 (IF PRIOR MILITARY SERVICE)
11. PREVIOUS LAW ENFORCEMENT CERTIFICATES/CERTIFICATION

AUTHORIZATION FOR RELEASE OF MILITARY MEDICAL & SERVICE INFORMATION

CURRENT DATE: _____

DATE OF BIRTH: _____

GENERAL SERVICES ADMINISTRATION
NAT'L PERSONNEL RECORDS CENTER
(MILITARY PERSONNEL RECORDS)
9700 PAGE BOULEVARD

NAME OF APPLICANT (PRINT) _____

ST. LOUIS, MISSOURI 63132

BRANCH OF SERVICE _____

SERVICE SERIAL NUMBER: _____

SOCIAL SECURITY NUMBER _____

DATE OF LAST SEPARATION FROM SERVICE: _____

PRESENT MILITARY STATUS: _____

() DISCHARGED

() RESERVE, ACTIVE

() RESERVE, INACTIVE

() _____ NAT'L GUARD

AS AN APPLICANT FOR EMPLOYMENT WITH THE BERKELEY COUNTY SHERIFF'S OFFICE, I AM REQUIRED TO FURNISH INFORMATION FOR USE IN DETERMINING MY MORAL, PHYSICAL, AND MENTAL QUALIFICATIONS. I HEREBY AUTHORIZE THE RELEASE TO THE BERKELEY COUNTY SHERIFF'S OFFICE OF ANY AND ALL INFORMATION IN MY MILITARY BEARING THEREON.

PLEASE FURNISH INFORMATION TO:

BERKELEY COUNTY SHERIFF'S OFFICE
300 CALIFORNIA AVENUE
MONCKS CORNER, SOUTH CAROLINA 29461

SIGNATURE OF APPLICANT _____

HOME ADDRESS: _____

APPLICANT – COMPLETE ONLY ITEMS ON RIGHT SIDE ABOVE

TO BE COMPLETED BY MILITARY SERVICE RECORDS OFFICE:

EACH PERIOD ACTIVE SERVICE	SPECIFIC	CHARACTER	
DATE OF ENTRY	DATE OF SEPARATION	REASON FOR SEPARATION	OF SERVICE

*PLEASE GIVE SPECIFIC REASON FOR SEPARATION RATHER THAN CODE NUMBER:

HISTORY OF DISCIPLINARY PROCEEDINGS WITH DISPOSITION THEREOF:

() NONE

() SEE REMARKS

COMPLETED MEDICAL RECORD:

() SEE ATTACHED DOCUMENTS

REMARKS: USE REVERSE SIDE IF NECESSARY:

RELEASING OFFICER: _____

RELEASED BY: _____

DATE RELEASED _____

BERKELEY COUNTY SHERIFF'S OFFICE
300 CALIFORNIA AVENUE
MONCKS CORNER, S.C. 29461

AUTHORITY FOR RELEASE OF INFORMATION AND CONSENT TO REVIEW RECORDS AND FILES.

This form is in compliance with the Privacy Act (Public Law 93-579). The information you agree to supply by signing this release of information form will be used principally to aid in the completion of a full field background investigation to determine your qualifications, suitability and fitness for employment with the Berkeley County Sheriff's Office.

Your signature on this form is voluntary; however, your failure to complete this form may mean that the required information cannot be obtained to complete your investigation. Without a completed pre-appointment background investigation, you cannot be hired by the Sheriff's Office.

I hereby consent to any designated representative of the Berkeley County Sheriff's Office to review my employment, education, criminal, financial, credit, legal, marriage, and birth records and/or files, and obtain copies of pertinent records from these files.

I also give consent to representatives of the Berkeley County Sheriff's Office to discuss my case in detail with all persons who have a legitimate need to be made aware of the information released.

This consent is given freely and voluntarily. I understand that I do not have to give consent and no threats or promises have been made to me to get such consent. I understand this consent can be withdrawn by me at any time and no information may be released after that time.

NAME OF APPLICANT	SOCIAL SECURITY #	DATE OF BIRTH
STREET ADDRESS	CITY	STATE ZIP CODE
SIGNATURE OF APPLICANT	TODAY'S DATE	WITNESS

**NOTE: A COPY OF THIS SIGNED DOCUMENT SHALL BE CONSIDERED AS VALID
AS THE ORIGINAL**



**BERKELEY COUNTY SHERIFF'S OFFICE
DISCLAIMER NOTICE**

I, _____, understand that I will be asked to complete a series of tests to establish my suitability for employment with the Berkeley County Sheriff's Office. Such tests may include, but are not limited to, a written examination, oral interview(s), health examination(s), polygraph examination, psychological examination (s), a drug screening test and a complete background check.

I further understand that any and all tests, which include a background check, are the property of the Berkeley County Sheriff's Office, and that the department and its agents and/or representatives are under no obligation whatsoever to make test results known to me.

I hereby release Berkeley County, the Berkeley County Sheriff's Office and any other individual from any and all claims, damages, causes for actions and the like of whatever kind or nature which may at any time result from my participation in the employment process.

I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT AND SIGN THE SAME OF MY OWN FREE WILL.

Signature of Applicant

Signature of Witness

Date